

## UNIFORM COST SHARING PLAN 2007 COP COST-SHARE WORKSHEET 1

Use COP Cost-Share Worksheet 1 for:

- All adult clients living in their own homes—Single or Married, or
- A married couple, when both apply and both live at home (complete separate worksheets for each applicant/participant), or
- A married couple, when only the spouse who lives at home applies and the other lives in an institution

Name – Applicant		Date of Application	
1. COPY the amount of countable assets from the financial eligibility determination form used to determine eligibility (line 3 of <b>COP-S</b> ; or line 4 of <b>COP-M/2</b> ; or half of the amount on line 2 of <b>COP-M/2 (Yr 1+)</b> ).		1.	
2. SUBTRACT an additional \$3000 allowance from line 1. Enter amount on line 2. If result is less than zero, enter zero.		2. <u>          - 3,000          </u>	
3. MULTIPLY amount on line 2 by 0.1666 to determine portion of assets to be added to income each month for 6 months.		3.	
4. ENTER income amounts (refer to this Worksheet's instructions):			
a) COPY NET COUNTABLE INCOME of this applicant/participant from the last line of Calculation 3 of the Financial Eligibility Determination	<b>4a.</b>		
b) ENTER all income (gross) of the spouse living in the home.	<b>4b.</b>		
• If the spouse is institutionalized, enter zero.			
• If spouse is on Medicaid Waiver, deduct medical/remedial expenses from CARES screen from gross income.	<b>4c.</b>		
c) ENTER all unearned income of dependent children that comes into the home.	<b>4d.</b>		
d) ENTER all income of all other dependents, earned and unearned	<b>4d.</b>		
<b>TOTAL 4a through 4d and ENTER on line 4</b> <span style="float: right;">→</span>		4.	
5. ADD lines 3 and 4 to determine MONTHLY COMBINED ASSETS/INCOME		5.	
6. ENTER allowances for persons in the home that will be deducted from monthly combined assets and income:			
a) Choose <b>one</b> of the following allowances and ENTER it on line 6a.			
• Single participant, or if married and spouse is institutionalized, ENTER \$803			
• If married but spouse is not on COP or not on Medicaid Waiver, ENTER \$2541			
• If married and spouse is on COP, or is applying for COP, or is on Medicaid Waiver, or is applying for Medicaid Waiver, ENTER \$1636	<b>6a.</b>		
b) If amount on 6a is \$2541, ENTER child support paid by client's spouse if any, on line 6b	<b>6b.</b>		
c) Allowance for children and other dependents*. The number of dependents ____ x \$550 =	<b>6c.</b>		
d) ENTER court ordered amounts paid by persons in line 6c	<b>6d.</b>		
e) ENTER cost-share amounts paid by family members (see instructions)	<b>6e.</b>		
<b>TOTAL 6a through 6e and ENTER on line 6</b> <span style="float: right;">→</span>		6.	
7. SUBTRACT line 6 from line 5 to find monthly resources available for cost-sharing allowed by the State.		7.	
8. ENTER special <b>NON-MEDICAL</b> expenses specified in the county's COP Cost-Sharing Plan—see <b>COP-DIA</b> , Part IV (#4). Medically related expenses or IRWEs deducted from income to determine eligibility should not be re-entered here. See instructions.		8.	
9. SUBTRACT line 8 from line 7. Use this amount as the <b>MAXIMUM MONTHLY PARTICIPANT CONTRIBUTION (Cost-share)</b> .		9.	

\* See instructions for definition of "dependent."

**REDETERMINE LINE 9 AT LEAST ONCE A YEAR, or when reportable changes occur.**  
If line 2 and line 9 are BOTH more than ZERO, REDETERMINE IN SIX MONTHS.